

# CONFIDENTIAL CASE FILING INFORMATION SHEET – NON-DOMESTIC RELATIONS

## INSTRUCTIONS:

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at [www.courts.mo.gov](http://www.courts.mo.gov) on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

**NOTE:** The **full** Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4 if the party is a person; exception can only be granted if the information is not reasonably available. **This is a confidential record due to the SSN and possible confidential addresses. However, this information is used to open a case in the Missouri State Courts Automated Case Management System. Cases deemed public under Missouri Revised Statutes can be accessed through Case.net. The day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net access.**

Filing Date: \_\_\_\_\_ County/City of St. Louis: \_\_\_\_\_

Style of Case: \_\_\_\_\_  
(i.e., In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: \_\_\_\_\_ Case Type Description: \_\_\_\_\_

Party Type Code: _____ Party Type Description: _____
Name (if a person): (Last) _____ (First) _____ (Middle) _____
Organization (if non-person): _____
Address: _____
City: _____ State: _____ Zip: _____
DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____
Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: _____ Party Type Description: _____
Name (if person): (Last) _____ (First) _____ (Middle) _____
Organization (if non-person): _____
Address: _____
City: _____ State: _____ Zip: _____
DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____
Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: _____ Party Type Description: _____
Name (if person): (Last) _____ (First) _____ (Middle) _____
Organization (if non-person): _____
Address: _____
City: _____ State: _____ Zip: _____
DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____
Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Submitted by: \_\_\_\_\_ Bar ID (required if attorney): \_\_\_\_\_

Address (if not shown above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_